U. S. COST	. KEIMBUKSAI	BLE (Department, burcau				-	PAT	D BY
Vorsehon trust	named at	(Department, burcau	, or establishment)					
v oucher prej	эатеа аі	(1	Givo place and date)			-	· pdi	<u> </u>
THE UNITED		Payee's Account No				1	ned	-6-59
T_{-}						DPD-0809-59 COPY / OF Z		
10		(Payee)			-]	COBA \	OF 2 .
		iress)	(City)	(State)		_		
No. and Date of Order	Date of Delivery	ARTICLES OR SERVICES (Enter description, Item number of contract or Federal supply schedule, and other information deemed necessary)			UNIT PRICE		AMOUN	
	or Service	schedule, and other Discount Terms	and other information deemed neces		QUANTITY	Cost	Per	Dollars
		Costs					/	\$141
PAYMENT: Complete Partial Final								
Shipped from	1	o Use continua o Weigh	ation sheet(s) if necessary	ent B/L No.	<u> </u>		Total	\$141
		and just and that payment h			ee must NO	Γ use this		<u>φ</u> ±+±
•		(Sign original only)		Differer	ices			
- /	<i>l</i>	(0.8.2 08 0.2.)						
Date 1/22	2/59 *Pavee	when a like certifio	ate is made by payee on attached bill or hill	LI)				K
Per		itle _		(Sign	unt verified; ature or initi	correct for als) EL	r 	141
Contract No.	4-101	Date	Reg. No.		Date		nvoice Rec'd	
Pursuant to autho	ority vested in me, I	I certify that this account is co	errect and proper for payment	t.				
† Approved for \$.			†				0.00	
Ву			SIGN ORIGINAL Title ONLY					
Title	THE DEVENOR OF TH			CEAUDED BUTH				
	THE REVERSE OF TH	IIS FORM MUST BE EXECUTED WHEN I	PUNCHASES ARE MADE OR SERVICES	SECURED WITH	OUI WRITTEN A	GREEMENT I	N ANY FORM	
		TING CLASSIFICATION (A)			1 16			

